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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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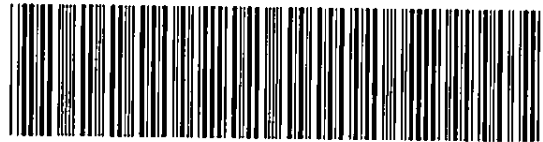
(Business Entity Name)

(Document Number)

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LLC

1. TOWNSLEY CONSTRUCTION II, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

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2024 MAY -2 AM 9:47  
TALLAHASSEE, FL  
CLERK OF STATE

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** TOWNSLEY CONSTRUCTION II, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Austin T. Dailey, Esq.

Name of Person

Klein & Klein, LLC

Firm/Company

40 SE 11<sup>th</sup> Ave

Address

Ocala, FL 34471

City/State and Zip Code

townsleyconstruction@gmail.com

E-mail address

(to be used for future annual report notification)

For further information concerning this matter, please call:

Austin T. Dailey, Esq. at (352)732-7750

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of  
Corporations P.O.  
Box 6327

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2024 MAY -  
AM 10:47  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**TOWNSLEY CONSTRUCTION II, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

5852 N HAZELWOOD DRIVE  
BEVERLY HILLS, FL 34465

**Mailing Address:**

5852 N HAZELWOOD DRIVE  
BEVERLY HILLS, FL 34465

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**ANN C. MCDERMOTT**

Name

**5852 N HAZELWOOD DRIVE**

Florida street address (P.O. Box **NOT** acceptable)

**BEVERLY HILLS, FL 34465**

City/State and Zip Code

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

DocuSigned by:

Ann C. McDermott

65A97D4375516173

Registered Agent's Signature (REQUIRED)

CLERMONT, FL  
STATE OF FLORIDA

2024 MAY -2 AM 9:47

7:44 PM  
MAY 2 2024

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: Name and Address:

“MGR” = Manager  
“AMBR” = Authorized Member

MGR	JOSHUA A. MCDERMOTT 7609 SE 23RD TERRACE OCALA, FL 34480
MGR	ANN CAROL MCDERMOTT 5852 N HAZELWOOD DRIVE BEVERLY HILLS, FL 34465

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document’s effective date on the Department of State’s records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:  
Ann C. McDermott  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.133, F.S.

ANN CAROL MCDERMOTT  
Typed or printed name of signee

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FILED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

Filing Fees:  
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)